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MARGIN RESERVED FOR BINDING

N. B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STANDARD CERTIFICATE OF DEATH		Arizona State Board of Health BUREAU OF VITAL STATISTICS	
1. PLACE OF DEATH		State File No. <u>83</u>	
County <u>Gila</u>	State <u>ARIZONA</u>	Registered No. <u>83</u>	
Township <u>Globe</u>	City <u>Globe</u>	No. <u>415 Hackney Ave</u>	
(If death occurred in a hospital or institution, give its NAME instead of street and number)		Ward <u>11</u>	
Length of residence in city or town where death occurred <u>32</u> yrs. <u>0</u> mos. <u>0</u> ds.		How long in U. S. if of foreign birth? <u>53</u> yrs. <u>0</u> mos. <u>0</u> ds.	
2. FULL NAME <u>Louisa T. Barbarus</u>		How long in State when death occurred? <u>42</u> yrs. <u>0</u> mos. <u>0</u> ds.	
(a) Residence: No. <u>415 Hackney Ave.</u>		St. <u></u> Ward <u></u>	
(Usual place of abode)		(If non-resident give city or town and state)	
PERSONAL AND STATISTICAL PARTICULARS			
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) <u>Married</u>	
5a. If married, widowed, or divorced			
HUSBAND of <u>Mrs. Kate Barbarus</u>			
(or) WIFE of <u>Mrs. Kate Barbarus</u>			
6. DATE OF BIRTH (month, day, and year) <u>Sept. 12, 1870</u>			
7. AGE	Years <u>68</u>	Months <u>0</u>	Days <u>10</u>
	If LESS than 1 day, <u></u> hrs. or <u></u> min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Miner</u>			
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u></u>			
10. Date deceased last worked at this occupation (month and year) <u>1914</u>			
11. Total time (years) spent in this occupation <u></u>			
12. BIRTHPLACE (city or town) <u>Dalmatia</u>			
(State or Country) <u>Austria</u>			
13. NAME <u>Mitchell Barbarus</u>			
14. BIRTHPLACE (city or town) <u>Austria</u>			
(State or Country) <u>Austria</u>			
15. MAIDEN NAME <u>Ann Perich</u>			
16. BIRTHPLACE (city or town) <u>Austria</u>			
(State or Country) <u>Austria</u>			
17. INFORMANT <u>Mrs. Kate Barbarus</u>			
(Address) <u>Globe Arizona</u>			
18. BURIAL <u>Globe Cemetery</u>			
Place <u>Globe Cemetery</u> Date <u>Sept. 25, 1938</u>			
19. EMBALMER <u>L. A. Jones</u>			
License No. <u>18</u>			
Signature <u>L. A. Jones</u>			
FUNERAL DIRECTOR License <u>IO A.</u>			
Address <u>Globe Arizona</u>			
20. Filed <u>Sept. 25, 1938</u>			
Registrar. <u>Dr. J. H. H. H.</u>			
(Address) <u></u>			
MEDICAL CERTIFICATE OF DEATH			
21. DATE OF DEATH (month, day, and year) <u>Sept. 22, 1938</u>			
22. I HEREBY CERTIFY, That I attended deceased from <u>Apr. 12, 1938</u> , to <u>Sept. 22, 1938</u>			
I last saw him alive on <u>Sept. 22, 1938</u> ; death is said to have occurred on the date stated above, at <u>8-50 P.</u>			
The principal cause of death and related causes of importance were as follows:			
<u>Carcinoma Left Right-Lung</u>			
Date of Onset <u>Mar 35</u>			
Other contributory causes of importance:			
Name of operation <u></u> Date of <u></u>			
What test confirmed diagnosis? <u></u> Was there an autopsy? <u></u>			
23. If death was due to external causes (violence) fill in also the following:			
Accident, suicide, or homicide? <u></u> Date of injury <u></u> , 19 <u></u>			
Where did injury occur? <u></u>			
(Specify city or town, county and State)			
Specify whether injury occurred in industry, in home, or in public place.			
Manner of injury <u></u>			
Nature of injury <u></u>			
24. Was disease or injury in any way related to occupation of deceased?			
If so, specify <u></u>			
(Signed) <u>A. H. H. H.</u> , M. D.			
(Address) <u></u>			